

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>6-10-00</i>
O.I.P.E. CLASSIFIER	<i>W.R.</i>	<i>59</i>	<i>6-3-00</i>
FORMALITY REVIEW		<i>71622</i>	<i>9-3-00</i>
RESPONSE FORMALITY REVIEW		<i>71622</i>	<i>10-4-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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